

Arizona Department of Health Services  
Office for Children with Special Health Care Needs

## Family Resource Coordination Personnel Profile

<b>Personnel/Staff Name:</b> _____			<b>Date of Hire:</b> _____
<b>Safety</b>	Date Requested	Date Received	Administrator Signature
A. Fingerprint Registration Clearance			
B. Criminal History Affidavit/Background check Clearance			
C. Drivers License • Motor Vehicle Insurance • Motor Vehicle Registration	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>	
<b>Education/Training</b>			
A. Resume, Vitae			
B. Bachelors Degree and/or Three Years Experience in Performing Coordination Services			
C. Three References			
D. Professional License/Certificate			
E. Current CPR			
F. Current First Aid			
G. New Employee Orientation			
H. Job description was reviewed			
I. Confidentiality and Procedural Safeguard Training			
J. Completion of AGCSHI Training Program			